

Colorectal Cancer Research and Evaluation Activities

Study of U.S. Endoscopic Capacity

A nationwide study has been designed to assess the country's current capacity to provide colorectal cancer screening and follow-up examinations using sigmoidoscopy or colonoscopy. This study estimates the number of endoscopies currently performed to detect colorectal cancer and then compares that number to the number needed based on the demographics of the U.S. population. These findings will provide critical baseline data for policy makers and clinicians to use when planning for the increased use of colorectal cancer screening in the population. Preliminary study results are expected in spring 2003, and final published results in 2004. The Centers for Disease Control and Prevention (CDC) has just begun efforts to assist three state health departments (Texas, Michigan, Iowa) to replicate this capacity assessment at the state level. These state-level assessments will help individual states in their planning for state-level colorectal cancer screening activities. Preliminary results from state-level capacity assessments are expected in fall 2003.

Examining Colonoscopy Complications

Two studies are under way at the University of Washington and Kaiser Permanente of Northern California to assess the rate of complications that occur when colonoscopy is used to detect colorectal cancer in asymptomatic patients. These studies will provide critical information on the safety of colonoscopy in colorectal cancer screening. Only limited data currently exist to evaluate the safety of colonoscopy when used in an asymptomatic population. Preliminary results from the two colonoscopy studies are expected in fall 2003, with final published results in 2004.

Monitoring the Use of Colorectal Cancer Screening

Analyses and reporting of nationally representative data are being conducted from the physician, patient, and health system perspectives on the use of colorectal cancer screening tests and the factors that may influence screening. The databases for these analyses include the National Health Interview Survey (1998 and 2000) and the Behavioral Risk Factor Surveillance System (1999), as well as the national health care provider survey sponsored by the National Cancer Institute, CDC, and the Centers for Medicare and Medicaid Services. These analyses are monitoring the use of colorectal cancer screening tests. They also will identify barriers to screening, which may help inform future efforts to increase screening rates. Final results from all these analyses are expected during 2003.

Validity of Self-Reported Colorectal Cancer Screening

This study assesses the validity of self-reported colorectal cancer screening among members of three health maintenance organizations (HMOs) — Kaiser Permanente of Northern California, Kaiser Permanente of Georgia, and Health Partners Minneapolis. Most national data on screening rates are based on information collected from individuals who responded to questions about their use of cancer screening tests on national health behavior surveys. This study will provide critical information regarding whether this type of study data on the use of colorectal cancer screening tests is supported when compared with medical record data. Results from this study are expected in spring 2003.

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For more information, please contact:

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Variation in Costs of Colorectal Cancer Screening

Cost to the patient and inadequate reimbursement rates have been cited as barriers to increased colorectal cancer screening. This study analyzes the variation in physician charges and insurance reimbursement rates for colonoscopy and flexible

sigmoidoscopy examinations used for colorectal cancer screening and will identify physician and health care system factors that are associated with lower procedure costs. This analysis will provide insight into which factors allow for the performance of the most cost-effective colorectal cancer screening methods. Preliminary results are expected during 2003.